MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. _____ APPLICANT(S) _____ FILING DATE _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1	1						51							
2		1					52							
3							53							
4				1			54							
5	1						55							
6		1					57							
7		1					58							
8		1					59							
9		1					60							
10	1						61							
11		1					62							
12		1					63							
13	1						64							
14							65							
15							66							
16		1					67							
17		1					68							
18		1					69							
19		1					70							
20	1						71							
21		1					72							
22		1					73							
23		1					74							
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38							89							
39							90							
40							91							
41							92							
42							93							
43							94							
44							95							
45							96							
46							97							
47							98							
48							99							
49							100							
50							TOTAL IND.							
TOTAL IND.	8						TOTAL DEP.							
TOTAL DEP.	16						TOTAL							
TOTAL	23													